

EPITHELIOMA SIMULATING ULCERATED MEIBOMIAN CYST.

By G. E. DE SCHWEINITZ, M.D.,

PHILADELPHIA, PENN.

A laborer, aged about 40, was brought to the Jefferson Medical College Hospital on account of an injury. He was a Scandinavian, spoke no language except his own tongue, and consequently clinical history was not readily obtained. Attention being directed to his eye, a small elevation on the upper lid was apparent, exactly like that produced by an ordinary Meibomian cyst. On everting the lid, there protruded from a rupture in the conjunctiva a mass about the size of an ordinary pea, slightly nodulated like a mulberry, and grayish-red in color. This appeared to be attached to a small pedicle, which in its turn was fastened at the bottom of the cyst. At first sight it appeared to be a mass of granulations springing from an ulcerated chalazion. The growth was carefully dissected out from the under surface, the cavity thoroughly curetted and cauterized with a solution of chloride of zinc. The wound healed rapidly and only a slight puckered scar remained to show its presence. By this time the patient had recovered from his injuries, left the hospital, and there has been no trace of him since the date of his dismissal, during the last week of December, 1893.

Sections of this growth show that it is an epithelioma which evidently had its start in glandular structure. The following are the main microscopic features: Portions of the integument exhibiting proliferation of the papillary layer, hypertrophy of the sweat glands, which are surrounded by massing of the external epithelial layer. Still deeper the epithelial cells lie in masses within spaces in the connective tissue, and further within there is a typical alveolar arrangement, the alveoli containing car-

cinoma cells arranged precisely as one sees them in an ordinary glandular cancer.

A recent contribution from the laboratory of Professor Panas by Gilbert Sourdille reviews the previous literature of the subject of primary epithelioma of the Meibomian glands, and contributes a case very analogous to the one which I report to-day. In this instance a small tumor had protruded through the conjunctiva and was regarded as an ulcerated chalazion. After curetting, however, there was return, and finally the patient was relieved by the removal of the external half of the upper lid, which was repaired by a plastic operation.

It will be remembered that Fuchs* has described glandular carcinoma of the lids which he believed arose either from the Meibomian or from Krause's glands. An interesting paper by Conrad Rumschewitsch† bears upon this topic, particularly his observations on adenoma of the Meibomian glands, and in the present instance the evidence of glandular origin seems complete.

* *Archives f. Ophthalmologie*, XXIV, 2.

† *Monatsh. f. Augenheilk.*, 1890, p. 387.